In re Application of: William S. Nevin et al.	Docket No.: NEVIN-0001 RPB REF: NEVIN-0001	
Serial Number: UNASSIGNED	Art Unit: UNASSIGNED	
Filing Date: HEREWITH	Examiner: UNASSIGNED	
Title: HEALTH CARE PROVIDER INFORMATION SYSTEM		

Declaration for Patent Application and Appointment of Attorney

DECLARATION OF SOLE OR JOINT INVENTORSHIP

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled above, the specification of which is either attached hereto, or was filed on the date listed above as with the Application Serial Number listed above (whichever is applicable).

REVIEWED AND UNDERSTOOD CLAUSE

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s). I acknowledge the duty to disclose information which is material to the examination of this application in accordance with *Title 37, Code of Federal Regulations, § 1.56(a).*

DOMESTIC PRIORITY CLAIM

I hereby claim the benefit under *Title 35, United States Code, § 120* of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code, § 112,* I acknowledge the duty to disclose material information as defined in *Title 37, Code of Federal Regulations, § 1.56(a)* which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (Patented, Pending, Abandoned)

Direct all phone calls to:

Declaration for Patent Application and Appointment of Attorney				
FOREIGN PRIORITY CLAIM				
I hereby claim foreign priority benefits under <i>Title 35, United States Code § 119</i> of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which the priority is claimed.				
APPLICATION NUMBER	FILING DATE	COUNTRY		
WILLFUL FALSE STATEMEN	TS CLAUSE			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
CORRESPONDENCE ADDRESS				
Please send all correspondence with regard to the above-ca	aptioned application t	o:		
Robert Platt Bell Registered Patent Attorney 8033 Washington Road Alexandria, VA 22308				

(703) 768-0340

NAME

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

POWER OF ATTORNEY

I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith the following registered Patent Attorneys: Robert P. Bell, Registration Number 34,546 and Robert G. Lev, Registration Number 30,280.

REGISTRATION NUMBER

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